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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	LFS-5001USA-CIP
		First Named Inventor	Lorin Olson, et al.
		COMPLETE IF KNOWN	
		Application Number	unassigned
		Filing Date	herewith
		Group Art Unit	unknown
		Examiner Name	unknown

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CAP FOR A DERMAL TISSUE LANCING DEVICE

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number
 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/426,683	November 15, 2002	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
		Patented
		Patented
		Patented

I hereby appoint:

Practitioners at Customer Number **000027777** → Place Customer Number Bar Code Label Here

AND

Practitioner(s) named below:

Name	Registration Number
Mayumi Maeda	40,075
Bernard E. Shay	32,061
Mark Warfield	33,463
Paul Coletti	32,019

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Mayumi Maeda at telephone number 408 956-4790.

Customer Number
 Direct all correspondence to: or Bar Code Label **000027777** OR Correspondence address below

Name:

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Address:

City:	State:	ZIP
Country	Telephone:	Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) LORIN		Family Name or Surname OLSON		
Inventor's Signature		Date		
Residence: City Scotts Valley	State CA	Country USA	Citizenship USA	
Mailing Address 1230 Mount Herman Road				
City Scotts Valley	State CA	ZIP 95066	Country USA	
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) ANNE		Family Name or Surname THOMSON		
Inventor's Signature		Date		
Residence: City Inverness	State Inverness-shire	Country UK	Citizenship UK	
Mailing Address 2 Ardross Place				
City Inverness	State Inverness-shire	ZIP IV3 5BY	Country UK	
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NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) DAMIAN EDWARD HAYDON		Family Name or Surname BASKEYFIELD		
Inventor's Signature		Date		
Residence: City Inverness	State Inverness-shire	Country UK	Citizenship UK	
Mailing Address 14 Holburn Place				
City Inverness	State Inverness-shire	ZIP IV2 3ED	Country UK	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) CHRISTOPHER PHILIP		Family Name or Surname LEACH		
Inventor's Signature		Date		
Residence: City Inverness	State Inverness-shire	Country UK	Citizenship UK	
Mailing Address 131 Miller Street				
City Inverness	State Inverness-shire	ZIP IV2 3DP	Country UK	
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) RICHARD MICHAEL		Family Name or Surname DAY		
Inventor's Signature		Date		
Residence: City Cawdor, Nairn	State Inverness-shire	Country UK	Citizenship UK	
Mailing Address Whinhill Cottage				
City Cawdor, Nairn	State Inverness-shire	ZIP IV12 5RF	Country UK	
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NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) SEBASTIAN		Family Name or Surname BOHM		
Inventor's Signature		Date		
Residence: City Inverness	State Inverness-shire	Country UK	Citizenship German	
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City Inverness	State Inverness-shire	ZIP IV2 4DP	Country UK	